

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **35799**

NOV 12 1952

BIRTH NO. _____		REG. DIST. NO. <u>244</u>		PRIMARY REG. DIST. NO. <u>5834</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>On Public Highway</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3 Miles So. Diamond, Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY <u>Ottawa</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>105 C Southeast Miami, Okla.?</u> d. STREET ADDRESS (If rural, give location) <u>105 C Southeast Street</u>			
3. NAME OF DECEASED (Type or Print) <u>Mary</u>		a. (First) <u>M.</u> b. (Middle) <u>McClendon</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day), (Year) <u>Oct. 25, 1952</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 22, 1916</u>	9. AGE (In years last birthday) <u>36</u>	10. UNDER 1 YEAR: Months <u>9</u> Days <u>3</u>	11. UNDER 1 HRS. Hours <u>3</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Leonard McClendon</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leonard McClendon Miami, Okla.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Neck</u> ANTECEDENT CAUSES DUE TO (b) <u>one car accident</u> DUE TO (c) <u>Car driven by Leonard McClendon</u> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Struck bridge on Highway</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) <u>Public Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Newton County Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 25, 1952 10:15 P.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car struck bridge abutment</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased live on _____, 19____, and that death occurred at <u>4:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Corley Thompson Sr. Coroner</u>				23b. ADDRESS <u>Neosho Mo.</u>		23c. DATE SIGNED <u>10/27/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 28, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kinney Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 3-1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. Allis Partell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark-Bigham Mort</u>		ADDRESS <u>Neosho.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7303

RECEIVED

NEWTON COUNTY HEALTH UNIT

District No. 100-100-100-100

Case Filed 11-25-1952 215

MAR 13 1953

NEOSHO, MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Rev. A. J. Smith

Licensed Embalmer No. 3590

P. O. Address Japan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.